

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

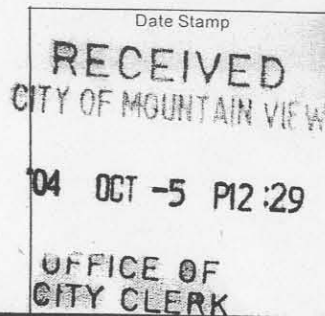
Date qualified as committee

Date qualified as committee
(If applicable)

☒ Termination - See Part 5
List I.D. number:

1244786

09/27/04
Date of Termination



STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

FRIENDS OF MARGARET ABE-KOGA

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MOUNTAIN VIEW CA 94041

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

MARGARET@VOTEMAC.ORG

COUNTY OF DOMICILE

SANTA CLARA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DENNIS CHW

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SAN JOSE CA 95134

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

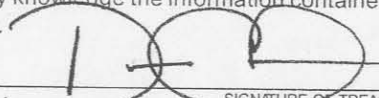
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

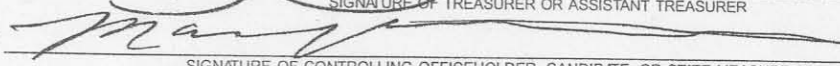
Executed on 9/27/04
DATE

Executed on 9/27/04
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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I.D. NUMBER

1244786

COMMITTEE NAME

FRIENDS OF MARGARET ABE-KOGA

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARGARET ABE-KOGA	SANTA CLARA COUNTY BOARD OF EDUCATION, TRUSTEE AREA 1	2002	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WELLS FARGO BANK	800-225-5935	717-1252526
ADDRESS	CITY	STATE ZIP CODE
590 CASTRO STREET	MOUNTAIN VIEW	CA 94041

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE